HE17.27:1/9

THE SOCIAL AND REHABILITATION
Record

RECEIVED
MIAMI UNIVERSITY
LIBRARIES
DEC 2 0 1975
DOCUMENTS DEPARTMENT

# Work and Welfare, Early Screening In Iowa, New Books, Careers, Group Therapy, Handicapped Workers, Administrative File, Regional Report

# Disability can be a pest!

But disabling conditions, due to illness or injury, need not be permanently handicapping.

The State—Federal rehabilitation program provides services for even the most serious human impairment. If disabled, you have a right to such services.

For further information, call or write your local State Division of Vocational Rehabilitation office.

THE SOCIAL AND REHABILITATION
# Record

Volume 1, Number 9 October 1974

## ARTICLES

**6 Roanoke Program Helps Clients Find Confidence and Jobs** — Donald S. Frank and Davis Martin, Jr.
Group meetings help public assistance recipients find confidence in themselves through experiences of others.

**9 Iowa Children Benefit from Early Screening, Diagnosis, Treatment** — Kim Terrell
Two-year-old program brings preventive medicine benefits to Iowa's AFDC children.

**14 Disabled Employment Opportunities: Past, Present, and Future** — James S. Jeffers
Why and how are disabled people denied jobs? What is being done about it? By whom?

**20 Guest Workers, Handicapped Workers: Are They the Seedbed of Conflict?** — Leopold Lippman
When foreign workers absorb all of the service jobs, what happens to the indigenous handicapped jobseeker?

**27 Work Requirements, Work Incentives: Their Role in Public Assistance** — Jerome Rosow
This article examines the historical perspectives of the work requirement and work incentives in public welfare: Who should work, women's role, WIN, incentives, and family assistance.

## DEPARTMENTS

4 Regional Report
13 Research and Demonstrations
26 The Administrative File
32 Publications and Films
34 Career Opportunities

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
Caspar W. Weinberger, Secretary

James S. Dwight, Jr.
Administrator, Social and Rehabilitation Service

Robert A. H. Wilson
Assistant Administrator for Public Affairs

EDITORIAL STAFF

Robin A. Atkiss, Acting Director, Editorial Services
Ron Bourgea, Editor
Robin A. Atkiss, Art Director

Patricia U. Fells, Managing Editor
Thomas Brubeck, Contributing Editor
Margaret Cauthorne, Editorial Assistant

THE SOCIAL & REHABILITATION RECORD is the official periodical of the Social and Rehabilitation Service, HEW. It is published monthly by the SRS Office of Public Affairs. Use of funds for printing was approved by the Office of Management and Budget on February 25, 1972, amended December 4, 1973.

THE RECORD serves as a means of improving the management of human service programs—assistance payments, individual and family social services, medical services, and vocational rehabilitation. As a management tool, the magazine aids professional personnel in State and local agencies, public and private, to carry out their responsibilities more effectively.

Published material may be reprinted; please credit The SOCIAL & REHABILITATION RECORD. Send information copies to the Editor. The magazine is published 10 times a year (combined issues: December-January and July-August). Annual subscription rates are $6.40 (domestic) and $8 (foreign). Subscriptions are payable to the Superintendent of Documents and should be sent to him in care of the Government Printing Office, P.O. Box 1533, Washington, D.C. 20402.

Manuscripts and article suggestions are welcome. Write to: Editor, The Social & Rehabilitation Record, Rm. 5321-South, SRS/HEW, Washington, D.C. 20201, or call (202) 245-2458.

## Action for PSROs stimulated through contracts from HEW

About $25 million in contracts have been awarded by HEW in the past fiscal year to implement Professional Standards Review Organizations (PSROs), the new program to assure the quality of medical care.

The American Medical Association has a contract of close to $1 million for developing screening criteria that can be used by the PSROs in reviewing the necessity and appropriateness of medical care. In conjunction with major medical societies and within the next year and a half, AMA will develop model sets of criteria to cover those diagnoses, problems, and procedures that account for three-fourths of short-stay hospital admissions. The criteria then will be made available to PSROs to help screen large numbers of cases and select, for peer review, those involving potential misuse of services or substandard services.

Key personnel for PSROs will be trained by an organization in Stockton, Calif., named the Institute for Professional Standards, which has received an HEW contract for $1,475,000. The training will take place at several sites in the country. Cooperating in the training are Boston University, Harvard School of Public Health, and the University of the Pacific of Stockton, Calif.

The American Nurses Association has a 15-month, $252,400 contract to develop model screening criteria for nursing care.

The American Podiatry Association has a 1-year, $60,700 contract to come up with screening criteria for assessing podiatric care.

The development of PSROs throughout the country has been initiated with the award of 91 planning contracts to potential PSROs, 11 conditional PSRO contracts to organizations that are ready to conduct review of medical care, and 13 contracts to organizations to stimulate the development of the program as Statewide PSRO Support Centers.

The PSRO program, created by Congress as part of the 1972 amendments to the Social Security Act, is a system of peer review. The law requires that doctors form organizations of their peers to review the quality of care given in institutions to patients who are covered by Medicaid, Medicare, and the Maternal and Child Health programs.

The PSROs are to assure that the care is necessary, meets professional standards, and is given in the most appropriate setting.

## Midnight rides by health commissioner stir nursing homes

On his way home from a late meeting in Boston, Dr. William Bicknell, Massachusetts Health Commissioner, decided to stop in at another nursing home.

Arriving at the Franvale Nursing home at 11:45 p.m., Bicknell identified himself and announced the reason for his visit. The night nurse would not let him in until she phoned the administrator for approval. The administrator, who arrived soon accompanied by police, explained that the nurse was apprehensive because recently there had been "two assaults on nursing homes" in the area, and he complimented Bicknell on taking the trouble to make night visits.

The Commissioner said he has visited four other homes at night and intends to continue the practice. He said his department will step up the number of unannounced inspection visits at night and on holidays.

## NY bank commercial features disabled

An appeal to TV advertisers by the United Cerebral Palsy Associations (UCPA) that they feature handicapped people in normal and natural situations has had at least one experimenter and pathfinder, the Chase Manhattan Bank of New York City. It produced a series of 10-second TV commercials that feature workers in various fields citing happy experiences in obtaining Chase Manhattan loans. One of the persons used was a wheelchair user who is a computer operator.

About its appeal to advertisers, UCPA's director of public relations said, "People with handicaps are a part of every community scene and should be used in television commercials as are housewives, teenagers, minorities, and other consumer segments of the population."

Saul Waldman, Chase Manhattan vice president talks about the effects of not using representative samples in commercials: " . . . their absence from what are considered normal scenes probably has a negative effect on the public perception of them as normal people and could conceivably have a negative effect on the way they are treated in hiring, shopping, or other pursuits they are perfectly capable of engaging in."

## Project RETAIN

The following is excerpted from a letter written by Henry B. Stern concerning a Regional Report item carried in the May edition of *The Social and Rehabilitation Record:*

"On behalf of the Jewish Occupational Council which administers Project RETAIN, an SRS-funded, tri-city program, I would like to call your attention to several inaccuracies and omissions in the article, 'Boston Program Finds Jobs for Handicapped.'

"The agency in Boston which operates Project RETAIN is the Jewish Vocational Service, the other two units being the Chicago Jewish Vocational Service and the New York Federation Employment and Guidance Service. The statistics which were cited refer to the entire project which began operation in the summer of 1972. Most important, there was no reference to the fact that the program is serving *older*, poor disabled persons."

## Child placement under review

As national concern for children "lost" in foster care and guardian institutions becomes more defined, several States are initiating programs to prevent misguided placement and unnecessary institutionalization of youth. Wisconsin is one such State which is developing a child placement review program which inaugurates new rationale and treatment procedures.

The Department of Health and Social Services will examine the situation of 18,500 children placed in public and private residential care facilities in order to determine the most appropriate treatment setting close to the home environment. Each case will be reviewed in terms of guidelines specific to that child's problems. The plan of treatment will indicate that alternatives to placement allowing the child to remain at home or in a foster home have been explored and determined as not applicable. Incorporated into the plan are the following: specified treatment methods for behavioral problems, the estimated length of institutionalization, anticipated future placement, and 6-month progress reviews as a condition for continued placement.

The State further requires that the department prepare annual statewide plans for child care facilities available on a regional basis, and that it certify the need for additional institutional capacity.

*SRS Administrator James S. Dwight, Jr., (left) on a recent inspection tour of the Rehabilitation Engineering Research Center is briefed by Donald Taylor, Senior Research Engineer (center).*

## Prosthetic arm gets human impulse

The Rehabilitation Engineering Research Center of the Moss Rehabilitation Hospital in Philadelphia has developed an experimental prosthetic arm which is designed to approximate the positions and movement of an unimpaired arm. Limb action is made possible through an innovative prosthesis technique which uses computer recognition of the patterns of electrical discharges derived from the human nervous and muscular systems.

Although the prototype arm shown in the photograph is being successfully used by a patient, Thomas Moss, continued research is now directed towards the development of a unit wholly contained within the arm.

## Illegitimate children win right to support

Claiming that there are "no illegitimate children, only illegitimate parents," a Washington State Appeals Court recently ruled that fathers of illegitimate children must pay child support from birth. The legal action, which reverses a December 1972 Superior Court decision, holds that the father's financial duty can be enforced through civil action brought on behalf of a minor child by its "next friend or guardian."

## Calif. crime victims get help from State

Victims disabled by violent crimes in California have been assured of help by the State to enable them to return to work. The help comes in the nature of an agreement between the State Department of Rehabilitation and the State Board of Control.

Under the arrangement the Board of Control will refer likely candidates for vocational rehabilitation to the Department of Rehabilitation for services.

# Roanoke Program Helps Clients Find Confidence and Jobs

DONALD S. FRANK and DAVIS MARTIN, JR.

Mary Contrell is a 28-year-old woman, who had been on the ADC rolls for 2½ years. She has two children, Roy, 8, and Jeanine, 4. Her husband has not been heard from since he got into a slight altercation at the plant, got fired, and "took off."

One night in October, Mrs. Contrell was the guest speaker at a "kick off" rally sponsored by the Roanoke Social Service Bureau to initiate the third consecutive cycle of the Job Orientation and Motivation Project (JOMP) for public assistance recipients. She had no prepared speech. Her remarks were simple, straightforward, and spontaneous. This is how they went:

"I was talked to last Spring about this JOMP thing they started here at welfare. They told me I could be helped to go to work. I said, how? They told me to come to their meetings and learn how. I said who was going to take care of my kids just to get to the meetings and later on when and if I could get a job. The worker said they would take care of that, and they did.

"So, I went to the meetings. Me and some other women just like myself got together and we talked. We talked about how tough it was making out with what we were getting from welfare. Most of us also talked about how good it was to get out of the house and away from the kids, even if it was only for a short time. But mostly we talked about how good it would be to get some work we could do so that we would have more money for ourselves and our kids.

"But how could we? With the kids at home or coming home from school in the afternoon, who could take care of them? And besides that, just a couple of us had ever worked at anything steady. Some of us knew what we wanted, but just about none of us knew how to get the job or even the training for the job we had in mind.

"But our worker threw out some ideas about how to get started, and we talked about them. We even took time to go over stuff on job applications, and then we talked some about jobs and our sorry experiences with what little jobs we had. And then we played the personnel man, and we sat back and interviewed each other. It was something! I learned a lot about people right there and then.

"In a little while I got confidence in myself, and I asked questions, too. Some answers I got from the other people like me. Other answers I got from the worker. Pretty soon I had nerve enough to ask about what I wanted in hospital work. I got plenty of encouragement from the others and from the worker, too. Then I was ready to talk to the hospital people at Roanoke Memorial. I went over there, filled out the application and figured that was it—they'd never call me. But the very next day they did call me! Asked me when I could come to work. I told them I would have to check on getting there and back and see if my kids could get decent day care. When my group heard about it they were as excited as I was and they and the worker helped me work out my ride problem. And then we got our heads together on the day care, and the worker really helped on this.

"The first day in the job I was scared all day. But I liked it, and they must have liked me, because, about 2 months later, when I asked about the licensed practical nurse job the personnel director himself got in touch with me, and told me he'd get me in the LPN training program if I could get my GED. I got ahold of my worker on this and she got me in the adult education course for the GED. I took it and passed the GED; and next month I'm going to be enrolled in the LPN—really!

"Could I have done it without JOMP? Maybe, but I doubt it. Everybody, the other women in the group, the worker who led us, the hospital people, the school people, they all did their part. But, I don't know that I could have done it on my own. Just

getting started was the big thing, and this is where the getting together part was maybe the biggest help of all. Sure, I had doubts about the whole thing, not only those I already talked about but like: would they cut me off as soon as I got my job? And suppose I couldn't do it, what about my kids, then? Having no money coming in and all of that crossed my mind and I just didn't know. The talk and the help I got while I was with the others in the group really got me going and I haven't regretted it one bit.

"Money is coming in regularly now—no more worrying about their cutting me off or having to ask for extra money for something we needed. I already opened up two charge accounts at J. C. Penney and Havertys' and when they asked me where I worked, there were no more questions asked. It is a pleasure to know this can happen to me, too! There's nothing much else to say about JOMP —it helped me a lot, just like I told it."

Sounds almost unreal, doesn't it? But it's true, and it's happened in Roanoke, Virginia. And similar stories are emerging about people in similar circumstances with every succeeding cycle in the JOMP.

JOMP is more a helping process than anything else. Admittedly, clients are wary as they are contacted for the first time by service workers. These contacts encourage clients to attend a series of group counseling sessions. The group meetings are targeted to have the group spot and act on whatever obstacles they perceive to be keeping them from obtaining suitable employment.

How, in fact, does it work out? Well, it's pretty much as described by Mrs. Contrell. Service workers function as facilitators, to stimulate the discussion and the action along relevant lines. Clients are not disinclined to engage in such discussions among their peers. Nor has there been any difficulty in stimulating interest in job-related matters. On the contrary, clients have proven more than willing to explore and learn about the "mysteries" of the work-a-day world. Their "hang up" is how to get there without jeopardizing their tenuous security. Consequently, the challenge of the difficult question on the application form or the vagaries of the employment interview are readily responded to within the context of the group.

The lady who, with varying degrees of success, has gone through the process of securing and at least temporarily holding a job, without hesitation, comes to the aid of her less experienced colleagues. She is listened to and she thereby gains personal confidence and esteem. The other group members learn from this explanation, and they, too, secure a new found competence, and this tends to spark confidence in them.

And this continuous playback of role playing and self-learning repeats itself as the group collectively and doggedly pursues the stuff of job-

getting, through each successive 2-hour session until the 12-15 hour cycle is concluded. By that time, hard decisions have been arrived at in the context of and through the mutual support and encouragement of the group: Mrs. Smith shows real promise, although she clearly needs training of a relatively longer term nature. However, she still has to work out some emotional problems: a PA-VR referral is called for here.

Nothing bothers Mrs. Roberts, except that she has never worked before and has absolutely no skills to offer employers. For her, the short-term training of WIN II sems perfect. Accordingly, she is referred and accepted for WIN II training.

Mrs. Otis has had some production work experience but it's been a couple of years ago. Prior to joining the group, she didn't "have the nerve" to seek a job anymore. What happens to her now? Quite simple: with renewed confidence she answers an advertisement for a production employee; and she gets the job.

Is that all it is? Almost. Except that service workers are bound to follow up their clients at specified intervals to give aid and assistance, as necessary.

How did this system come about? Well, in Roanoke, it has resulted from a combination of two fortuitous circumstances. First off, the foresight and determination of a forward-looking Social Services Bureau Superintendent, Mrs. Corinne Gott, was a major factor in bringing this new approach to fruition. She had just about despaired of the usual setup for serving the client who had the potential but not the independent wherewithal to ferret out training and job opportunities on her own.

Secondly, it stems from the work of an eager and enterprising Public Welfare-Vocational Rehabilitation Demonstration Project team who, having surveyed the public assistance rehabilitation scene, determined that a new and innovative scheme had to be developed. They determined that it must give an extra measure of counseling aid to the willing but often bewildered client who has the potential for job holding and self-support.

Many programmatic alternatives were considered. But the economic and utilitarian thrust of group counseling along vocational lines seemed to offer the greatest promise for this client population. Accordingly, the "marriage" of this method and the Roanoke Social Security Bureau program requirements, needed only a brief courtship.

In short order, a 3-day training program in group vocational counseling was carried out and, on the 3rd day, the trained service workers met and began counseling clients.

To date, after 5½ cycles, 194 clients have been counseled. Some 77 percent are now at work or in paid training in the special PA-VR project or in WIN II. Through following up participants in the first two cycles, a year later half of them were found to be still on their jobs. Some of the others had found new jobs. Continued success is practically assured as both clients and service workers learn more about and adapt to the new system.

The enthusiasm has been contagious: from the Roanoke City Fathers who give out "graduation certificates" to the satisfied employers who unabashedly now agree that those who participate are "truly motivated." But this contagion has already gone beyond the city limits as other welfare departments in Martinsville, Danville, Chesterfield, and Gloucester Counties are either getting or requesting installation of the "system."

Beyond the proven efficiency of the system for clients and their satisfied employers, the nearly forgotten service worker has been reborn. No longer is he the "fireman" who responds to any number of unrelated emergencies. With his new-found goal-oriented vocational guidance tools and group dynamics expertise, he has carved out a clearcut identity, where the service part of his title has new pertinence and meaning. Everyday, since the system's inception, clients move from a dependent and vaguely discontented status to paid employment and training, largely by virtue of the service worker's efforts and skills as a facilitator. This, in turn, has meant considerably more job satisfaction for the service worker. To a measureable extent this is the other reason why JOMP has proven itself in Roanoke and elsewhere.

---

Mr. Frank is a manpower and community consultant working with the Roanoke project, and Mr. Martin is its project director.

# Iowa Children Benefit from Early Screening, Diagnosis, Treatment

KIM TERRELL

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is the name of a young and progressive preventive health program provided to children eligible for Medicaid benefits throughout the country. In Iowa, that specific category includes all children and young adults to age 21 living in AFDC (Aid to Families with Dependent Children) households. The EPSDT program, which began in Iowa almost 2 years ago, is more easily understood divided into two parts. First the EPS—early and periodic screening.

HEW defines screening as "the use of quick, simple procedures which can be carried out with large groups of people to sort out apparently well persons from those who have a disease or abnormality and to identify those in need of more definitive study." Present program guidelines suggest that children be screened once a year. Screenings may be done by a doctor or a certified screening center.

If some health problem is detected during the screening, the child is then referred for the second part of the program—D&T, diagnosis and treatment. D&T must be done by a physician, dentist, optometrist, or whatever medical profession deemed necessary, depending upon the problem detected. Once a child gets as far as D&T, the Department of Social Services entrusts that child's care to professional judgment, and Medicaid pays the bill.

However, Department involvement in the screening portion of the program is much greater. First, the Department's Bureau of Medical Services works with the Iowa Health Department in certifying screening centers throughout the State, thereby making professional services more easily and readily available. And second, the Department has the ongoing responsibility of selling—figuratively speaking—screening to the clients.

Screenings are not mandatory. And even though they are free as far as the client is concerned, all parents don't jump at the chance to take advantage of them. Some parents are reluctant to take their children "to be looked at" when they don't see anything wrong with them themselves. Often the family's only contact with

a doctor has been in a crisis situation. "Well child care" is a totally new concept to them.

New concepts require explanation. Each county department of social services has the responsibility of explaining the importance of preventive health measures to parents.

Black Hawk County, home of Waterloo, has one of the best EPS records in Iowa. "We discuss screening with the mother or father when they first apply for assistance," explains Diane Olson, income maintenance supervisor at the Black Hawk County Department of Social Services. "Sometimes it takes a bit of a sell job," she said. "We talk about the importance of a regular health program and try to make it as easy as possible to get the child examined. We explain that the child can be screened by their family doctor or at the screening center." If the mother has no preference, the income maintenance worker arranges for an appointfor the child at the screening center.

Referring clients to the center instead of to a doctor is simply a matter of efficiency. Each screening center in the State—and presently there are 28 of them—exists with the permission of the local medical society. Most doctors are so busy treating the sick, they will gladly share their well child clientele with the screening centers. In fact, on occasion, when a mother has attempted to make a screening appointment with the family physician, he has suggested that she go to the screening center instead. In Waterloo, an appointment at the screening center is never later than 1 week away.

When an AFDC application is approved, a health record is begun for each child in the family. All medical expense claims, beginning with the screening invoice, are kept in this folder. If the child is screened by a doctor, the county can assume he will either provide or make arrangements for followup treatment of any ailment that is discovered.

But, if a child is screened at a clinic and a health problem is discovered, that child must be referred to the appropriate kind of doctor. A written referral with the clinic's findings is sent to the doctor, with a copy of it going to the Black Hawk County Department of Social Services. The county's copy goes into the child's health folder and gives the worker a way to approximate followup treatment. If, for instance, the form shows that Joey was referred to Dr. Jones, and in time the county receives a claim from Dr. Jones for treatment of Joey, the county can assume Joey is getting the proper medical attention. But if no claim is received from Dr. Jones, the worker will check with the mother to see if, in fact, followup treatment has been obtained. The child's health record is something discussed at each case review. In Black Hawk County, AFDC cases are reviewed every 4 months.

It is estimated that there are 4,602 children and young adults (21 and under) living in AFDC families in Black Hawk County. Over the last 6 months, the parents of 3,045 of these children have been approached about periodic screening. In 40 percent of these cases, the children have been scheduled for screening. In some few cases, parents reject screening for religious or other reasons. But most of the 60 percent not referred for screening were already under the regular care of a physician or had been to a doctor and received an adequate examination some time in the last 12 months. The EPSDT program is not supposed to duplicate already existing health care; it is supposed to bring new people into the community's health delivery system.

Marilyn Kinne, R.N., is the director of Waterloo's Well Child Clinic, which also serves as the county social services screening center. Every Thursday from 1 to 4 p.m., she and two other public health nurses and at least one pediatrics nurse practitioner hang out their shingle on the basement level of the extended care wing of Waterloo's Allen Memorial Hospital.

The modern, spacious clinic provides free medical services to children through age 12 who come from low-income families. Clients come to them from private and public service agencies. Over half of these clients are on AFDC. Clinics become certified to do screenings by sending their nursing staff to a 4-day training session, sponsored by the Departments of Health and Social Services in Des Moines.

Although business has slowed down to a more comfortable level, Marilyn said that last summer the social services office was sending the clinic

almost 50 children a week for screening.

A screening generally consists of body measurements; physical inspection; developmental testing; listening to the heart; an ear, nose, throat, and mouth inspection; a urine and blood test; and, when appropriate, tests are arranged for lead poisoning, venereal disease, sickle cell anemia, and heart disorders. The screening charge is $7—about the same as a doctor's visit. There are additional charges for immunizations.

"When we discover a problem we think needs to be treated, and the family has no physician, we can help them find one," Marilyn said. "Pediatricians are particularly sympathetic and willing to take new patients." Sometimes the problems discovered during a screening, however, call for something other than a doctor. For instance, an inadequate diet or diaper rash can be remedied with education of the mother. If the family in question is on AFDC, the nurse will refer the problem back to social services, and they will assign a service worker or homemaker to the case.

If it is a nonassistance case, a public health nurse will make a home visit and attempt to instruct the mother in meal preparation, child care, or laundering techniques. When a nurse suspects a case of child abuse or neglect, she immediately notifies the social services office.

"I don't know if we save that many lives, but I certainly think we improve quite a few," said Marilyn. "A couple of weeks ago, our pediatrics nurse practitioner did discover a heart murmur that will call for surgery if the child is going to make it to adulthood. More commonly, we discover kids with dental problems who have never been to a dentist. And, we've run into a surprising number of 3- and 4-year-olds who have had no immunizations whatsoever."

One of the early problems with the screening program was that mothers were bringing their children to the center when they had colds and infections. "We cannot immunize children unless they are well," Marilyn said, "so another appointment has to be made." The answer to the problem is simply a matter of education. The social services office issues reminder cards to clients when they set up their screening appointments. The cards ask mothers to take a list of their children's immunizations and the dates they received them to the clinic; and it asks them to always notify the clinic when their child becomes sick or they otherwise cannot keep an appointment.

"We still have the problem of children not showing up for screenings," said Marilyn. "We reschedule them twice and then if they don't make it, we ask that a service worker look into their reasons for absence. Usually, it is a misunderstanding or a transportation problem that needs to be worked out."

As a child itself, Iowa's EPSDT program is experiencing new developments and change. In parts of the State where no screening centers exist, the Bureau of Medical Services has made arrangements for sending mobile health units, provided by the State Services for Crippled Children, into counties for a few days at a time for the specific purpose of doing screenings. As far as change goes, the bureau is taking another look at the frequency of periodic screening. Most doctors have suggested that screenings beyond the age of 6 are not necessary every year. Consequently, yearly screenings may be revised to screenings scheduled at certain stages of a child's development; however, no firm decisions have been made at this time.

The statistics from throughout Iowa show that 15 percent of all children screened—by doctors and screening centers alike—have required some followup treatment. While most of the health problems discovered through screenings have not been a matter of life or death, surely their discovery and cure will have a positive effect on the child's life. If Joey cannot see the blackboard, or hear his teacher, or stay awake in class, there may very well be a physical reason for it. Now—before too many of life's messages pass him by—is the time to find out. Most health problems don't go away by themselves. They call for doctors, medication, even surgery, but first discovery. And that's the very important part early and periodic screening will continue to play.

---

Ms. Terrell is a public information specialist with the Iowa Department of Social Services. This article is reprinted from the Department's newsletter, *Iowa's People.*

# Research and Demonstrations

*In some instances recent project reports can be obtained from the grantee (addresses given below). When the report is not available from the grantee, it may be purchased from the National Technical Information Service, Springfield, Va. 22151. Remittances should accompany orders; prices are $3 for hard cover and $.95 for microfiche copies.*

SCREENING AND ASSESSMENT OF YOUNG CHILDREN AT DEVELOPMENTAL RISK. (ED082387) President's Committee on Mental Retardation, Wash., D.C. 76 pages.

VOCATIONAL AND SOCIAL REHABILITATION OF JUVENILE DELINQUENTS. (RD 55012) Massachusetts Rehabilitation Commission, 296 Boylston St., Boston, Mass. 02116. 171 pages.

THE SECOND HALF: REHABILITATION AFTER STOMA SURGERY. (RD 55010) New England Deaconess Hospital, 185 Pilgrim Rd., Boston, Mass. 02215. 128 pages.

AN ENGINEERING ANALYSIS OF THE HUMAN SPINAL COLUMN. (RD 3548) College of Engineering, University of California, Berkeley, Calif. 94720. 109 pages.

AN EVALUATION OF THE ULTRASONIC BINAURAL SENSOR IN REHABILITATION OF THE BLIND. (RD 55220) Arkansas Enterprises for the Blind, Inc., 2811 Fair Park Blvd., Little Rock, Ark. 72204. 82 pages.

*The following reports on research in education may be ordered from ERIC Documentation Reproduction Service, Post Office Drawer O, Bethesda, Md. 20014. Microfiche (MF) copies are $.65 each. Hard copies (HC) are $3.29 each for reports of 1 to 100 pages; $6.58 each for reports of 101 to 200 pages; $9.87 for reports of 201 to 300 pages; and $3.29 for each additional 100 pages or portion thereof. Order by accession number (in parentheses) and make checks payable to EDRS. Official institution, State and Federal Government, and company purchase orders are accepted.*

PARENT POWER AND PUBLIC SCHOOLS: A GUIDE FOR PARENT ADVOCACY. (ED081876) National Urban League, New York, N.Y. Education Div. Available from National Urban cation Div. Available from National Urban League, 55 E. 52nd St., New York, N.Y. 10022. Price not quoted. 17 pages.

THE EFFECT OF COUNSELING AND REINFORCEMENT ON BEHAVIORS IMPORTANT TO THE IMPROVEMENT OF ACADEMIC SELF-CONCEPT TECHNICAL REPORT NUMBER 38 (ED081880) Stanford Univ., Calif. Stanford Center for Research and Development in Teaching. 116 pages.

THE EFFECT OF MATERNAL NUTRITION ON THE DEVELOPMENT OF THE OFFSPRING: AN INTERNATIONAL SYMPOSIUM. NUTRITION REPORTS INTERNATIONAL, SPECIAL ISSUE. (ED081893) Johns Hopkins Univ., Baltimore, Md., Lord Rank Research Centre, High Wycombe, England. 368 pages.

WHERE SPECIAL EDUCATION FITS IN. (ED082386) Michigan State Dept. of Ed. Lansing. Div. of Special Ed. 15 pages.

ADMINISTRATORS' GUIDE, PROGRAMS FOR EXCEPTIONAL CHILDREN 1973-74. (ED082397) Arizona State Dept. of Ed., Phoenix. Div. of Special Ed. 62 pages.

CLASSROOM APPROACH TO LANGUAGE DEVELOPMENT FOR METTALLY RETARDED CHILDREN. INTERMEDIATE LEVEL. (ED082399) Iowa Univ., Iowa City. Speech and Hearing Staff of State Services for Crippled Children. 168 pages.

COMPENSATORY EDUCATION IN CONNECTICUT, 1971-72. PROGRAMS SUPPORTED BY THE CONNECTICUT STATE ACT FOR DISADVANTAGED CHILDREN AND TITLE 1 OF THE ELEMENTARY AND SECONDARY EDUCATION ACT. (ED083338) Connecticut State Dept. of Education, Hartford, Conn. Bureau of Compensatory and Community Educational Services. 84 pages.

PROBLEMS AND ISSUES IN THE EMPLOYMENT OF MINORITY, DISADVANTAGED, AND FEMALE GROUPS: AN ANNOTATED BIBLIOGRAPHY. (ED083339) Minnesota Univ., Minneapolis, Minn. 55455. (Free) Document is not available from EDRS.

SCHOOL BEHIND BARS—A DESCRIPTIVE OVERVIEW OF CORRECTIONAL EDUCATION IN THE AMERICAN PRISON SYSTEM. (ED083340) Syracuse Univ. Research Corp., N.Y. Policy Inst. 378 pages.

EVALUATION OF THE PROGRAM TO CONTINUE THE EDUCATION OF GIRLS WHO MUST LEAVE SCHOOL BECAUSE OF PREGNANCY, 1971-1972. (ED083341) Detroit Public Schools, Mich. Dept. of Research and Development. 22 pages.

DIFFERENCES IN EARNINGS AND EDUCATION AMONG ETHNIC GROUPS. (ED083354) Wisconsin Univ., Madison. Inst. for Research on Poverty. 47 pages.

BLACK FAMILIES AND THE MOYNIHAN REPORT: A RESEARCH EVALUATION. (ED083359) Institute for Juvenile Research, Chicago, Ill. 32 pages.

THE EDUCATION OF PARENTS OF HANDICAPPED CHILDREN. INFO-PAK 1, SELECTED READINGS. (ED083753) Michigan State Univ., East Lansing. Regional Instructional Materials Center for Handicapped Children and Youth. 29 pages.

CAREER EDUCATION PROGRAMS FOR EDUCABLE MENTALLY RETARDED. INFO-PAK 2, SELECTED READINGS. (ED083754) Michigan State Univ., East Lansing. Regional Instructional Materials Center for Handicapped Children and Youth. 26 pages.

REPORTED CAUSES OF HEARING LOSS FOR HEARING IMPAIRED STUDENTS; UNITED STATES 1970-71. (ED083758) Gallaudet College, Wash., D.C. Office of Demographic Studies. 62 pages.

# Disabled Employment Opportunities: Past, Present, and Future

JAMES S. JEFFERS

*"Employment is nature's physician, and is essential to human happiness."*
**—Galen**

Gainful employment is viewed as one of the major criteria by which persons in our society are judged as useful, productive, and functional. The unemployed, for one or a combination of many reasons, inherit a social stigma which denies them equality of opportunity and social acceptability.

The reasons for unemployment are many and varied. Our economic system is so structured that at any given time a certain percentage of our population will be unemployed. Acceptable levels, heretofore, have been between 4 and 6 percent of the available workforce. However, the percentage is directly dependent upon many variables associated with the Nation's economic structure.

In addition to the external causes of unemployment, there are factors specific to institutions and individuals. For instance, discrimination of persons on the basis of sex could be considered an institutional variable. Inability of an individual to compete in terms of intellectual capacity or individual motivation could be viewed as individual causal factors.

There are segments of society which historically have been excluded from the job market for no apparent pragmatic reason. Discrimination based upon a person's race, creed, color, or national origin is a case in point.

In addition, there has evolved a particular and unique segment of society that has experienced this discriminatory action. Although only recently visible, this segment has existed since the beginning of mankind. In building the Egyptian pyramids, "defective" individuals were summarily exterminated due to their inability to compete on an equal plane with their "able-bodied" compatriots. Since the days of the pharaohs, society has progressed to the extent that extermination is viewed as unacceptable. However, discrimination, fear, humiliation, and patronization have replaced extermination as a means of denying handicapped persons dignity and a chance at being contributing members of society.

Severe barriers to employment exist in society today for persons having physical or mental disabilities. They range from those of architecture which prohibit handicapped persons from negotiating the physical plant to those of attitudes which are manifested in an unwillingness on the part of the employer to view handicapped persons as functional human beings with skills and knowledge to contribute to a program or organization.

There are numerous reasons given by employers for not hiring handicapped individuals. Here are some of them:

- There is the initial emotional shock experienced by employers when meeting a handicapped applicant. Seeing a physically handicapped individual is often disturbing or depressing for some persons. In his book, *Stigma,* Erving Goffman elaborates on the differentiation in attitudes toward persons with visible and those with nonvisible disabilities.
- Employers often maintain that physically handicapped persons pro-

duce less and thus constitute an economic liability for any organization. This is, in fact, a falsehood which has been methodically and vigorously proven as such. However, it remains extremely difficult to convince prospective employers of that fact.

■ Many employers maintain that physically disabled persons are more likely to be accident prone. Employers offer the excuse that if an accident occurs, the organization will of necessity bear the compensation costs for the current injury, as well as costs related to the previous disability.

■ Employers state that employment of handicapped individuals will increase their insurance rates. Prospective disabled job applicants are often told that group insurance rates will be increased. The California Governor's Committee on Employment of the Handicapped has recently conducted a nationwide survey of insurance companies concerning this allegation. That study concluded that major insurers do not increase rates for handicapped employees and do not penalize employers for hiring handicapped individuals.

■ Employers maintain that architectural barriers and facility modification costs are negative factors in hiring handicapped persons.

■ Management believes that special considerations that are necessarily given to the handicapped, such as parking facilities near the entrance or a desk near the restroom and exit, will impair morale and performance of able-bodied employees. They also fear that other employees will be ill-at-ease with the physically handicapped person working near them.

The idea is that, "My God, this could actually happen to me!" Fear tends to generate illogical and disordinate mental patterns.

■ Management believes that even if the handicapped individual has been employed, he will prove less satisfactory than an able-bodied employee because of nervousness and depression which seems to be construed as a unique characteristic of handicapped individuals.

The above listing details but a few of the "justified" reasons espoused by certain employers with respect to not employing handicapped individuals. Many of these allegations have been proven false, while many do not warrant attention as viable and serious objections.

Although substantial barriers have and continue to exist for handicapped persons in seeking employment, there is a viable and forceful effort being conducted to remove all barriers to employment and to make an affirmative effort to expand employment opportunities for handicapped individuals. The Rehabilitation Act of 1973 contains several provisions designed to obtain the goal of equal employment opportunities for the handicapped.

The Interagency Committee on Handicapped Employees (ICHE) established in Section 501 of the Act is aggressively embarking upon a program of increased employment opportunities for the handicapped in the federal service. This committee, cochaired by the Secretary of Health, Education, and Welfare and the Chairman of the Civil Service Commission, is designing the mechanisms necessary to facilitate the hiring, placement, and advancement of handicapped persons.

As required under the Act, agencies of the Federal Government have

designed and submitted affirmative action program plans for the hiring, placement, and advancement of handicapped individuals in their agencies to the Civil Service Commission and the ICHE. These affirmative action plans will be closely monitored and evaluated with regard to performance levels and implementation.

Additionally, the ICHE has adopted a set of goals and objectives which, when realized, will address the comprehensive employment opportunities for handicapped persons. These goals and objectives include:

- Providing a focus for increased employment in federal service for handicapped individuals by establishing a common and functional definition of "handicapped individual" for the purposes of federal employment; establishing standards for evaluating and approving agency affirmative action program plans and the practices and achievements in effectively implementing those plans; providing for a suitable and feasible information system for the collection of data regarding the employment of handicapped individuals; and initiating a review of existing federal employment practices and procedures, and making recommendations deemed necessary or desirable to facilitate the employment of the handicapped; and
- Assuring an equitable, suitable, and functional environment for the employment of handicapped individuals in federal service by consulting with the Architectural and Transportation Barriers Compliance Board

to assure that all facilities that house federal employees comply with the architectural accessibility provisions contained in the Architectural Barriers Act of 1968 (P.L. 90-480) as amended; identifying the transportation problems of handicapped individuals, as those problems impair their employability; promoting educational mechanisms necessary for overcoming attitudinal barriers which adversely affect the employment of handicapped persons; and focusing attention on the development of the maximum potential of handicapped individuals in employment, including, where appropriate, such consideration as job restructuring, use of assistive devices, employment of disabled veterans, and other aspects of job accommodations.

The Social and Rehabilitation Service has continued this general policy direction by requiring State affirmative action program plans for all State agencies participating in the Federal-State rehabilitation program. This regulatory action will require that State rehabilitation agencies develop aggressive affirmative action plans for the advancement of employment opportunities for handicapped persons. It is hoped that this activity will serve as a model for other State agencies to develop similar plans. One State, Illinois, has passed a statute similar to the federal provision establishing in ICHE and requiring affirmative action program plans of all agencies within the jurisdiction of the executive branch of the State government. This activity in State action seems likely to continue as the federal program moves forward.

Two additional provisions of the Act, Sections 503 and 504, address the issue of increased employment opportunities for handicapped persons. Section 503 provides that: "Any contract in excess of $2500 entered into by any Federal department or agency for procurement of personal property and nonpersonal services (including construction) for the United States shall contain a provision requiring that, in employing persons to carry out such contract, the party contracting with the United States shall take affirmative action to employ and advance in employment qualified handicapped individuals."

Regulations implementing the provision have been proposed by the Department of Labor. They provide that:

- All nonexempt contracts and subcontracts which provide for performance in less than 90 days and exceed $2500 must include a nondiscrimination provision and affirmative action clause in the contract.
- All nonexempt contracts and subcontracts which provide for performance in 90 days or more and the amount of the contract or subcontract is less than $500,000 must include a nondiscrimination provision and affirmative action clause in the contract and must establish an affirmative action program in order to comply.
- All contracts and subcontracts which provide for performance in 90 days or more and the amount of the contract or subcontract is $500,000 or more must include a nondiscrimination provision and affirmative action clause in the contract and must develop and submit a copy of the affirmative action program to the Assistant Secretary for Employment Standards, Department of Labor, within 90 days subsequent to the award.
- The regulations include suggested affirmative action policy steps to be undertaken by the contractor and include procedures for filing complaints by handicapped individuals and procedures to act upon and resolve those complaints.

Section 504 of the Act provides for additional nondiscrimination provisions for qualified handicapped individuals in participation and benefit of any program or activity receiving federal financial assistance. This would encompass all grants awarded by agencies of the Federal Government. The HEW Office of Civil Rights is currently drafting regulations and procedures to fully implement the provision.

State activities in the area of civil rights for the handicapped have received increased attention over the past several years. Many States have adopted statutory provisions, oftentimes as amendments to Fair Employment Practices Acts, to prohibit discrimination in employment based solely upon a person's physical or mental disability where that disability is not a detrimental factor in performing a particular job.

The State of Illinois, a leader in the area of civil rights for handicapped citizens, has adopted a constitutional provision, Article I, Sec-

tion 19, guaranteeing the rights of physically and mentally handicapped persons. This constitutional provision was statutorily implemented in 1972 by enactment of the "Equal Opportunities for the Handicapped Act." It guarantees physically and mentally handicapped persons the fullest possible participation in the social and economic life of the State —a right to employment and housing without discrimination "where the reasonable demands of the position do not require such a distinction and the right to purchase or to rent property without discrimination." The Act pertains to employers, labor organizations, government officials, loan companies, banks, corporations, and associations. Nondiscrimination is guaranteed as a constitutional right, and both criminal and civil sanctions are provided to enforce the provision.

Both the Federal Government and States have been addressing the ancillary problems to employment of handicapped persons. The Architectural Barriers Act of 1968 (P.L. 90-480) provides for architectural accessibility to facilities financed in whole or in part by federal moneys. States have adopted similar statutes in statewide building codes to assure access to the handicapped. This effort not only assures that handicapped persons can avail themselves of the goods and services dispersed in these facilities, but also opens up increased employment opportunities by removing the employment barrier of inaccessible buildings.

North Carolina has adopted one of the best and most stringent statewide statutes relative to architectural accessibility for handicapped persons. This Act addresses not only the commercial and retail establishments in the State, but also includes statutory accessibility provisions for residential rental structures. Housing and transportation needs must be viewed as an integral part of any effort to address the employment and social capabilities of handicapped individuals.

The private sector is responding to this increased awareness of the employment potentials of handicapped persons. Many industries and business concerns are, on their own initiative, developing outreach and aggressive employment programs for the handicapped. Sears, Roebuck, and Company has embarked upon a nationwide program to provide increased employment opportunities and a more functional working environment in its organization for handicapped persons. This effort includes architectural design to assure access to all Sears retail outlets, recruitment and outreach programs, and development of selective placement mechanisms to offer opportunities for employment to handicapped persons. This effort is based upon the premise of seeking qualified handicapped persons in order to contribute to the Sears effort—competitive, not sheltered employment.

Other business concerns, such as Woolworth's and Lockheed, have developed increased employment opportunities for the handicapped. As the business community continues to make this transition, more and more business concerns view the hiring of handicapped persons as a wise economic investment. Increased productivity resulting in increased profits has become a great equalizer.

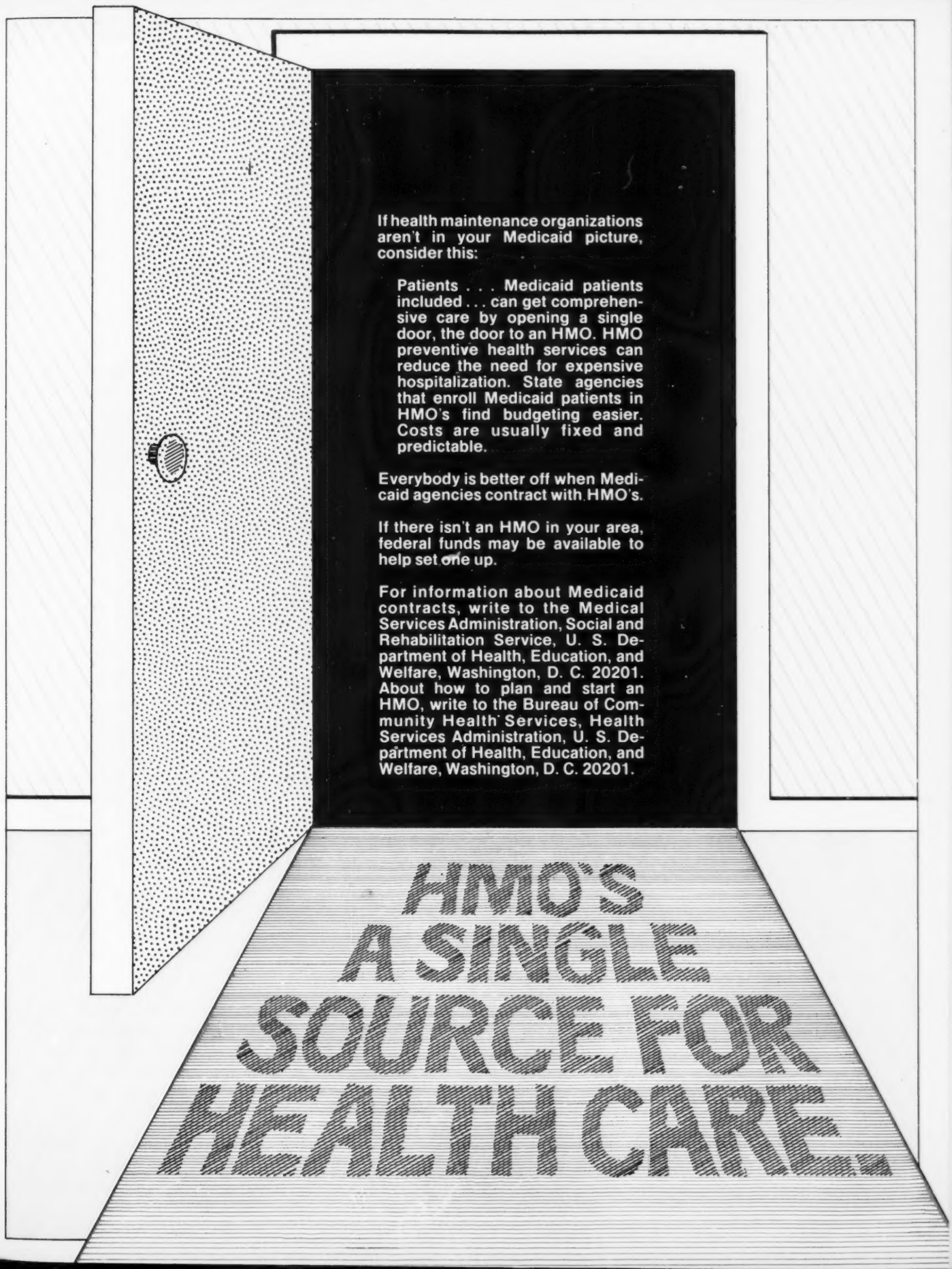
This awareness, concern, and activity involving the employment potentials of handicapped persons has been evolutionary in nature. In the past several years, however, we have witnessed an increased intensity in such areas as civil rights for the handicapped and affirmative action programs to provide equal opportunities, including employment, to handicapped persons.

The new emphasis involving attitudinal change and legal mechanisms will not be an event, but rather a process. As Federal, State, and local governments, private and public organizations, and handicapped individuals continue in the development of these mechanisms, all will benefit from the process and the opportunity this challenge presents.

For the handicapped person, it has been a long time in coming, but the future is now for those who wish to avoid the future shock of complete equality of opportunity for handicapped individuals.

---

James S. Jeffers is Special Assistant to the Administrator, Social and Rehabilitation Service, Department of Health, Education, and Welfare. Mr. Jeffers is also Cochairman of the Standing Committee of the Interagency Committee on Handicapped Employees.


If health maintenance organizations aren't in your Medicaid picture, consider this:
Patients . . . Medicaid patients included . . . can get comprehensive care by opening a single door, the door to an HMO. HMO preventive health services can reduce the need for expensive hospitalization. State agencies that enroll Medicaid patients in HMO's find budgeting easier. Costs are usually fixed and predictable.
Everybody is better off when Medicaid agencies contract with HMO's.
If there isn't an HMO in your area, federal funds may be available to help set one up.
For information about Medicaid contracts, write to the Medical Services Administration, Social and Rehabilitation Service, U. S. Department of Health, Education, and Welfare, Washington, D. C. 20201. About how to plan and start an HMO, write to the Bureau of Community Health Services, Health Services Administration, U. S. Department of Health, Education, and Welfare, Washington, D. C. 20201.
HMO'S
A SINGLE
SOURCE FOR
HEALTH CARE

# Guest Workers, Handicapped Workers: Are They the Seedbed of Conflict?

LEOPOLD LIPPMAN

The employment scene, along with the rest of the economy, has its ups and downs; but the efforts toward rehabilitation, vocational training, and job placement of handicapped persons goes on.

Well, that compound statement obscures what it should illuminate. The fact is that the hope of successful placement of handicapped workers is not merely incidental to the business-and-employment cycle; the two are closely related. Only if there are ample employment opportunities for all workers is there a reason to hope that handicapped individuals will find their places in the economic scene of production and service occupations.

The issue is highlighted by a feature article in the *New York Times Week in Review* for June 23, 1974. Under the headline "Europe's Imported Work Force," Edmund Fawcett wrote from Brussels about the latest troublesome developments in what is virtually a continentwide sociological phenomenon. Economic recession, he wrote, was causing layoffs and the raising of barriers against foreign workers in Germany, France, Britain, and other countries of Western Europe.

The workers—migrants from Turkey, Yugoslavia, Portugal, Greece, and other industrially underdeveloped countries—were willing to take low-skill, often unpleasant jobs, at lower wages than the natives of the host countries, and were still able to send money back home to support their families and the economies of their own countries.

Considerable numbers of the foreign workers are employed in automobile factories such as those of Renault and Volkswagen, but many others fill such low-status and low-pay jobs as sweeping streets, repairing roads, and driving buses. Along with the low income and the job insecurity, the foreigners—sometimes but by no means always illegal migrants—are victimized by poor housing, lack of health and other services, and often racial or national hostility. The question arises: What significance might this large econo-sociologic development have for the employment of handicapped persons? And if there are implications for employment of handicapped workers in Europe, are there lessons to be learned by rehabilitation professionals in the United States?

Prior to Fawcett's Review article, in the fall of 1973 and through the winter of 1973-74, the *Times* had published a series of dispatches by Henry Kamm from Belgium, West Germany, Sweden, France, and elsewhere, examining the economic, social, and often political implications of the large numbers of foreign workers in these various countries. More recently, Henry Giniger from Madrid and Paul Hofmann from Rome explored the financial significance of these workers to their homelands, and the damaging effects that might be expected if they were ousted from their jobs and forced to return home.

The European problem has its counterpart, though in admittedly less severe form, in the United States. Braceros from Mexico have been a familiar and important element of the migratory agricultural working force in the American Southwest for years. Puerto Ricans, while certainly not foreigners, likewise migrate between their home island and the metropolitan centers of the North. And it was recently reported that large numbers of Colombians, living illegally in the Jackson Heights and Woodside communities of New York, are working for as little as $1.50 or $2 an hour.

In Europe they are called *gastarbeiter*, or guest workers. In the United States, they are called illegals or migratory workers. The problem is multinational and transnational, and it has substantial implications affecting the prospects of employment for handicapped and rehabilitated workers.

The subject of guest workers came

to my attention when I visited the Scandinavian countries in 1967, and again on a visit to The Netherlands in September 1973. On both trips, I was investigating the provision of services for mentally retarded persons by diverse European societies, and exploring the possible relationship between the treatment of retarded persons and the underlying attitudinal patterns and value systems of the respective cultures.

At times, the conversations would appear to stray from my central topic, but I found the observations and even the questions of my European sources informative. In 1967, for example, I was asked in Sweden what was behind the outbreaks of street violence that had occurred in Watts, Newark, Detroit, and elsewhere in the United States. As well as I could, I explained the oppression and discrimination suffered by many blacks in our country, the negative attitudes of some whites, and the resulting resentment which expressed itself in outbursts in the cities.

The Swedes nodded understandingly and said, "We have the same problem with the gypsies." I didn't comprehend the reference at the time, and when I later did, I could not accept their analogy, but the reference was to unfamiliar, low-skilled, "different" persons who were willing to perform unpleasant work for low pay. For these reasons they were welcome. At the same time,

they had strange eating habits and living styles, they lived in a separate part of town (perhaps not entirely by their choice), they were thought to be dirty and ill-mannered, and they were perceived as a social threat. For these reasons, they were unwelcome. And yet, they performed a necessary economic function, which many Swedes did not wish to touch; and so they were tolerated.

On my 1973 trip to The Netherlands, I heard similar comments about the *gastarbeiter.* Then, at Groningen University, in the northeastern part of The Netherlands, two sociologists helped explain the issues. Their research work was in quite a different field, but they offered insights on the special problems of the *gastarbeiter,* and of the Dutch society which was trying to cope with the immigrant workers.

There were, to begin with, significant cultural differences, beyond the obvious language barriers. Further, the workers were required to live in the country for some time before they were permitted to bring their families; and because they usually came as contract labor, they generally stayed only a few years. Housing posed problems; social and sexual relationships for the young men far from home created problems; even health care was a ground for misunderstanding and difficulty. Dutch doctors could not always understand the foreigners' diseases, the sociologists told me; they had different ways of presenting their ailments and even of describing pain.

In past years, I was told, except for some Indonesians, The Netherlands did not use workers from other countries. With rising affluence, however, the Dutch workers did not want to do the low-skill jobs, and so workers were brought in from the southern European countries. At the same time, there was a body of unemployed Dutch workers, generally over the age of 40. The makings of social conflict are obvious. As one of the sociologists commented, "We used to think we were good people. We didn't discriminate—because we had no one to discriminate against. Now we have."

The director of an extensive Dutch program of services for the mentally retarded described the social problems posed by the *gastarbeiter* in different terms. It is the children of the immigrant workers who have difficult psychological problems, he told me. He did not believe there was a higher prevalence of mental retardation among the children of the foreigners, but he frankly said there were no retardation services particularly geared to their needs.

At the Dutch Ministry of Social Affairs, whose Department for Labor Affairs and Social Provisions has responsibility for sheltered workshops along with other provisions for handicapped workers, I talked with a young man who had himself migrated from one of the former Dutch colonies. He described some of the problems of adjustment which these Dutch nationals encounter, and the discriminatory treatment by the people of The Netherlands. This immigrant population, holding Dutch citizenship but having grown up in a different social environment, sounded to me as though they might in some respects resemble what we in the United States call the "culturally disadvantaged."

As I left the Ministry office, I pondered the meaning of an expression I had heard several times in The Netherlands. What did it mean that the people from other countries "cannot cope"? It is true that they are from different cultural backgrounds, even those from the former colonies who carried Dutch passports. Yet some, like the young official I had just met, obviously did adapt, in the sense that they learned to conform to the requirements of their new society. Isn't this what we in the United States, in our era of big immigration, used to call "assimilation"? Why then are the Dutch (and the Scandinavians and others) having such difficulties with the problem of acculturation? Why, for that matter, do we in the U.S. find more problems arising out of relations with our migrant populations than in the nineteenth century or even as recently as the 1910's and 1920's?

Furthermore, what does this rising concern about "social problems" say about our attitudes toward deviance? What about our vaunted encouragement of individuality? Is there no social benefit in the richness of difference among people?

Later the same month, when I visited Yugoslavia, I perceived the other side of the same complex of social problems. In Zagreb and in Belgrade, I heard about the emigrant

workers, those admired Yugoslavs who went to other countries to work, leaving their families behind and sending money home. From the perspective of the sending country, their going abroad relieved the pressures of unemployment at home, and at the same time brought in foreign exchange.

The workers leave their home country to earn higher wages in foreign lands. They stay a few years, living simply, in crowded conditions, and then, having saved some money, they come back home because they don't like the way of life in the host country. (Even retarded persons leave Yugoslavia to work in other countries, I was told. They can survive, meet the work requirements, even learn a second language. While my informant appeared quite knowledgeable, I suspect she was describing a level of mental subnormality which we might call borderline.)

The implications began to come clear: The guest workers (or emigrant workers) were chips in a large game they didn't understand and which no one had actually designed. On the one hand there was underemployment in their own countries, so they had to look elsewhere for the income they needed to survive; on the other hand, in the more industrially advanced countries, there was a need for substantial numbers of persons who would work at low skills for low wages, without fringe benefits, without unions and, for practical purposes, without complaint. The solution, multiplied into the millions, has been the flow of manpower from the Mediterranean countries to the more developed countries of Northern and Western Europe.

But, I asked my new friends in the West, if the guest workers fill the lowest-skill needs, what hope is there for employment of your own retarded persons? And in Yugoslavia I asked, if there is not employment enough for your able-bodied "normal" young men, what is the prospect that handicapped workers will find jobs?

There were several answers, none of them wholly satisfactory. "It's a problem," was the first response, with a shrug. Then they thought more directly about it and noted that in some countries there are quotas which employers must meet, in hiring handicapped persons. Aside from the "reverse" or "benign" discrimination which this implies, it does not adequately address itself to work opportunities for the full range of handicapped workers, because the reluctant employer is likely to meet the mandate by hiring only the minimally disabled.

Elsewhere the answers were simpler and even less satisfactory: shel-

tered workshops. Acknowledging the transitional and at times terminal role of workshops for some limited segment of the handicapped population, one nevertheless rejects this as the exclusive solution for the entire force of potentially productive workers.

And at the bottom of the list of unsatisfactory responses, some informants pointed to their social insurance programs for the disabled and said, "Fortunately it is not necessary for handicapped persons to work."

My search was for understanding of the roots of the problems faced by handicapped persons and the societies in which they existed. As I sought to analyze the special challenges of work opportunity and successful employment, I found the roots were social, and political, and historical, but most importantly, economic. And I remembered the observation of an official of the Washington State Department of Employment Security, back in 1961. No matter how much vocational training retarded persons receive, he said, the prospect for their employment depends on the availability of jobs for all workers—in other words, on full employment. And he further noted: If there is a shortage of work opportunities, skilled workers will take jobs at lower skill levels, for which retarded persons might otherwise qualify. I thought back to the depression years in the United States, when it was said that a jobseeker had to have a college degree in order to get employment just as a sales clerk in a major department store.

The same situation prevailed in New York municipal employment in the early 1970's. By State legislative enactment, the Civil Service Commission was authorized to reclassify 100 New York City jobs as noncompetitive, to facilitate the employment of suitably qualified mentally retarded persons. Two years after the law went into effect, fewer than 20 retarded persons had been placed in such positions. More recently, the New York Legislature has extended the "noncompetitive" authorization to other civil service systems throughout the State and has redefined the prospective clientele to include persons with other handicapping conditions. In legislative terms, this is a progressive step, as it opens work opportunities and allows individuals to demonstrate their abilities rather than focusing on their disabilities. Whether it will be successful, one suspects, will depend less on the law and the good intentions behind it, than on the realities of the job market and the pressures of competition from other work seekers.

Certainly passing a law does not create opportunities, under the best of circumstances. There remain important "advocate" responsibilities for parents and other friends of the handicapped individuals. In the New York City situation, the Personnel Department, the Civil Service Commission, and the Office of Mental Retardation were supportive, and at least some of the prospective employing departments were cooperative. The success of the effort depended also on the affirmative and creative response of the State Office of Vocational Rehabilitation, which had an important role in the process of certifying the retarded persons to the job vacancies which had been reclassified as noncompetitive. With all of these positive elements, however, there remained one obstacle, which proved crucial: The system-wide "job freeze" which had been imposed by the mayor in the interest of municipal economy. Given the need for aggressive action on the part of the applicants and their families, the prospective employing agencies and the rehabilitation professionals, it remains a fact that in the end, *there must be jobs.*

As one contemplates the guest workers in the northern countries of Europe, the emigrant workers from the Mediterranean countries, the changing social scene, and the fluctuating economic picture in the United States, the answer seems to be: Deal with the basic problems, and the symptomatic ones will disappear.

---

Mr. Lippman was formerly Director, Services for the Mentally and Physically Handicapped, City of New York. He is presently pursuing graduate studies and is a consultant for HEW Region II in the Developmental Disabilities Technical Assistance Project. He is the author of *Attitudes Toward the Handicapped: A Comparison Between Europe and the United States* (Charles C Thomas 1972).

# Sign up for 'Signing'

"Signing" is one of the principal ways deaf persons communicate.
If you can learn the language of signs, you can speak with most persons with long standing severe hearing problems and help end isolation and broaden their horizons. And your own.
Often persons with hearing problems do not know about basic services within reach in their community because of the inability of most social workers to communicate with them.
To obtain information about courses on signing in your area, contact a local vocational rehabilitation office, a club or school for the deaf, or a hearing and speech agency.

# The Administrative File



Each month the SOCIAL AND REHABILITATION RECORD will carry a listing of SRS administrative issuances for previous months. Over the course of a year, the RECORD will have presented a complete bibliography of administrative issuances for the year.

The following are the administrative issuances for the month of July 1974. (Abbreviations key: **PR**-Program Regulations; **PRG**-Program Regulations Guides; **PI**-Program Instructions; **IM**-Information Memoranda; **FSI**-Field Staff Information and Instruction Series; **AO**-Administrator's Office; **MSA**-Medical Services Administration; **APA**-Assistance Payments Administration; **CSA**-Community Services Administration; **RSA**-Rehabilitation Services Administration; **NCSS**-National Center for Social Statistics.)

When ordering reports, please specify the appropriate room number for the particular report: For NCSS reports, room 2620; AO reports, room G-115B; RSA reports, room 3126; APA reports, room 1232E; MSA reports, room 4094; and CSA reports, room 2010.

Send all requests with the appropriate room number to Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, 330 C Street, S.W., Washington, D.C. 20201.

**APA-PI-75-1:** Disregard of Benefits Received Pursuant to the Alaska Native Claims Settlement Act (7/5/74)

**APA-PI-75-2:** Self-implementing Statutory Positions—Disregards of Income and Resources (7/18/74)

**APA-PI-75-3:** Preprint—Coverage and Conditions of Eligibility (7/26/74)

**APA-PI-75-4:** Preprint—Corrections to Recruitment (7/29/74)

**APA-IM-75-1:** Veterans Disability Compensation and Survivor Benefits Increases for 1974 (7/9/74)

**APA-IM-75-2:** List of APA Program Issuances—March 1, 1974 through June 30, 1974 (7/15/74)

**NCSS-IM-75-1:** 1975 AFDC Studies (7/12/74)

**NCSS-IM-75-2:** Summary Listing of Forms to be Submitted to NCSS (7/24/74)

**NCSS-PI-75-1:** Annual Statistical Report on Monthly Cost Standards and Payment Limitations—AFDC, Form SRS-NCSS-108 (7/10/74)

**NCSS-PI-75-2:** Annual Report of Methods of Dealing with Questions of Recipients Fraud in State Public Assistance Programs, Form SRS-NCSS-110 (7/11/74)

**NCSS-PI-75-3:** Extension of Approval From Office of Management and Budget of Five SRS-NCSS Reporting Forms (SRS-NCSS-102.2, SRS-NCSS-107, SRS-NCSS-112, SRS-NCSS-114-T, and SRS-NCSS-115) (7/12/74)

**CSA-PI-75-1:** Paternity and Support (7/11/74)

**RSA-PI-75-1:** Reporting of Travel Costs for Administration and Counseling and Placement (7/3/74)

**RSA-PI-75-2:** Clarification of Revisions to the Case Service Report (Form SRS-RSA-300) (7/17/74)

**RSA-PI-75-3:** Allotment for Fiscal Year 1975 Under Section 110 of the Rehabilitation Act of 1973 (7/25/74)

**RSA-PI-75-4:** Vocational Rehabilitation Program Under the Supplemental Security Income (SSI) Provisions of the Social Security Act (7/31/74)

**RSA-PRG-75-1:** SSR-VR Operating Guidelines (7/8/74)

**RSA-IM-75-1:** Document on Selected Approaches to Expedite the Delivery of Vocational Rehabilitation Service; Ninth Institute on Rehabilitation Services (7/1/74)

**RSA-IM-75-2:** Number of Severely Disabled Persons Rehabilitated by State Vocational Rehabilitation Agencies July 1, 1973 to March 31, 1974 (7/3/74)

**RSA-IM-75-3:** Number of Rehabilitations: July 1 to April 30, Fiscal Years 1973 and 1974 (7/11/74)

**RSA-IM-75-4:** Number of Rehabilitations: July 1 to March 31, Fiscal Years 1973 and 1974 (7/12/74)

**RSA-IM-75-5:** Regulations Implementing Section 503 of the Rehabilitation Act of 1973 (7/12/74)

**RSA-IM-75-6:** Development of Training Materials for State Agencies' Use (7/22/74)

**RSA-IM-75-7:** Distribution of the "Quarterly Status Report of Social Security Disability Insurance Beneficiaries"—Quarter Ending March 31, 1974.

**RSA-IM-75-8:** Number of Rehabilitations: July 1 to May 31, Fiscal Years 1973 and 1974.

**AO-IM-75-1:** Withholding of Matching Payments to Unqualified Skilled Nursing and ICF (7/8/74)

**AO-IM-75-2:** Additions to the Compilation (7/12/74)

**AO-PR-70-2:** General Standards for Evaluation of Vocational Rehabilitation (7/2/74)

**AO-PR-70-1 (C-4):** Vocational Rehabilitation Services to Disabled and Blind Recipients of SSI (7/10/74)

**AO-PR-70-1(C-9):** Establishing Paternity & Securing Support for AFDC Children (7/11/74)

**AO-PR-10-19:** Care and Treatment of Mentally Ill Nationals of the U.S. returned from Foreign Countries (Repatriate Assistance) (7/19/74)

**AO-PR-10-20:** Coverage and Conditions of Eligibility in Financial Assistance Programs (7/24/74)

**MSA-IM-75-1:** "A Guide to Screening Under EPSDT," "Guide to Dental Care Under EPSDT." and "Other Technical Assistance Materials for EPSDT." (7/30/74)

**MSA-FSI-75-1:** Title XIX Federal Financial Participation Suspension Order Under Section 290 of P.L. 92-603 (7/9/74)

**MSA-FSI-75-2:** Information Required on Factoring and Time Lag in Vendor Payments (7/24/74)

**MSA-PRG-30a:** Interrelations with State Health & State Vocational Rehabilitation Agencies and with Title V Grantees (MSA-PRG-30, May 13, 1974) (7/31/74)

# Work Requirements, Work Incentives: Their Role in Public Assistance

JEROME M. ROSOW

This discussion of welfare reform is addressed to the work requirement. Both the desirability and the necessity for a work requirement connected with welfare reform are clear. This is a matter of simple equity for millions of taxpayers who do work. Of no little importance is the judgment that the basic reforms necessary to restore sanity to the public assistance system are just not allowable *without* a meaningful work requirement. This is the mood of the country today with regard to what the Government should be doing with its tax dollars.

With this objective in mind, one fundamental issue in welfare reform is to design a work requirement that is strong and unyielding and, at the same time, to provide assurance that it would *not* be applied in situations where it would neither be to the interest of their recipients, their families, nor the country.

Next to the question of the floor payment for a family of four ($2,400-3,000 or 6,000) and possibly ahead of this controversial aspect, stands the work test. It has inflamed the liberals as being punitive and angered the conservatives as being too bland, if not ineffective. Caught in the political crosscurrents of the '72 campaign, the "work ethic" has become a rallying cry for the middle class Americans.

In a climate of legislative inaction (despite "pilot projects"), we can examine the work requirement in historical and labor market terms of reference, relatively free of emotion and politics.

### Evolving Work Roles of Women

We are dealing here with the fundamental question of who it is that society expects to work, thereby participating fully in the economic system which makes life possible for all, and who it considers to be justifiably dependent on the working members of society for the economic needs. It is a fundamental question for any society, and it comes as no surprise that judgments differ.

There is almost universal agreement that *men* should work, if they are not too young, not too old, and are not incapacitated.

The problem of lack of agreement on the work requirement provisions of the Family Assistance Act arises because *women* are involved. This is rooted in the fact that there is no general consensus in society about the appropriate work roles of women in all circumstances.

This would not have been as true at the turn of the century, when most women expected, and were expected, to remain in the home. Women, however, have ventured into the work place. In 1900, the female proportion of the work force was still only 18 percent. Currently, 37 percent are in the labor force. Between 1960 and 1968, employment expanded by 10.1 million—6 million of that expansion (60 percent) was accounted for by women.

This movement into the labor force was part of the general victory for the liberators of women, won by the militants of another age. But to show how slow the Nation was to go the whole way in recognizing the change, it was not until 1964 that federal law guaranteed women "equal pay for equal work." Not until civil rights in employment came to blacks did women receive the means of legal redress for discrimination in employment.

Women were very much in the work place at the time the federal welfare laws were written in the mid

1930's. Why then were women not required to work by those welfare laws? Are we becoming less humane and more vindictive?

The answer is clearly *no.* Because the original welfare population was different, the problem was not faced on the welfare side, although it was in unemployment insurance, and this latter fact has considerable significance. Welfare was to be for those *not* expected to support themselves—the old, the disabled, the blind, and mothers who were widows or whose husbands were incapacitated. Even by 1940, there were only 253 thousand such families on AFDC. Men of working age were just not covered. Welfare was for the aged, the ill, the children; there was no significant question of whether or not recipients would be expected to work.

But, even at that time, if a group of citizens who *were* a part of the labor force were to be assisted, then they were going to have to accept jobs if they were available. *Such was the case from the very beginning with unemployment insurance.*

Under the new unemployment insurance law, contained in the Social Security Act, the States, in effect, were forced to pass laws protecting workers against income loss for temporary unemployment. From the beginning, the covered workforce was insured for only as long as it was "able and available" for work. To continue receiving benefits, a claimant has to appear in person each week to establish his labor market attachment.

This requirement applies to women regardless of their marital status, or the presence and age of children. Unemployment insurance does not require that they work; it establishes *willingness to work* as a condition for receiving benefits. The terms under which the acceptance of a job is required are very important in discussing the family assistance work requirement. I will return to it later.

The point to be made here is that a work requirement is long accepted practice in unemployment insurance, even though as a system of social insurance "premiums" have been paid and rights to benefits are involved.

The extent to which women with children are drawing unemployment insurance and thus subject to the work requirement can be seen from the statistics kept by the nine States that pay extra allowances for dependents under their unemployment insurance laws. During the first 6 months of 1968, 90 percent of the 24,000 female beneficiaries in these States had dependent children.

While the proportion varies from month to month, about 40 percent of persons receiving benefits are now women.

**WIN Requirement: Need for Change**

At a never slackening pace, AFDC was fast becoming a program for mothers divorced, separated, or simply deserted by their husbands. Their numbers were increasing at what to many was an alarming pace.

Amid the widespread dissatisfaction with spiraling AFDC costs, Congress attempted to stop welfare growth in 1967. Among other things, these amendments established a new training program for AFDC recipients, called the Work Incentive Program (WIN). The legislation included a work requirement.

The new Administration started, then, with several "givens" which had become part of America's social and economic history: A welfare caseload burgeoning with mothers without husbands, a growing propensity of women to work, an unemployment insurance system with a work requirement developed over time and tested by experience, and a work requirement in AFDC that was breaking new ground but with major, though correctable, flaws.

The bill's drafters came to the firm conclusion that the existing law governing which welfare recipients were to be referred to the Secretary of Labor for training and employment was inadequate. The law required the State welfare agency to refer "each *appropriate* child and relative who has attained age 16 and is receiving aid to families with dependent children."

The effect of this language was to leave it entirely in the hands of the individual State agency to decide who must work or take training, with the exception of specific exemptions in the federal law.

Of those AFDC recipients screened by the welfare agency in Utah, 97 percent were referred to the Employment Service. At the other extreme, only 7 percent of recipients screened in New York were referred.

There were two undesirable consequences of this variation. On the

one hand, States with welfare agencies tending to be "protective" of their clients went to extremes in refusing to refer welfare clients for training, thus thwarting the goals of the 1967 amendments.

On the other hand, some States may have been over-zealous in interpreting who was "appropriate" for referral to jobs and training. A system that was created and funded by the Federal Government could not escape the responsibility for the like treatment of citizens in like circumstances, regardless of where they reside.

**FAP Work Requirement**

If the law was to be more specific about who was subject to the work requirement, which groups should it be applied to? Which groups should be exempt?

*Able-bodied men.* There was no question about a work test. When unemployed fathers were first brought under AFDC on a State-option basis in 1961, they were required to register with the public Employment Service.

*Mothers without husbands who have children under 6.* There is certainly no consensus in the U.S. about whether it is "good" for the children or the society for these mothers to work, with the responsibility for child care transferred to a grandmother, a babysitter, or an institution. Much is known about the importance of the first 5 years of life from the standpoint of the life chances of the child. But little is known of a scientific nature about how those life chances are modified by different kinds of child care arrangements during those early years, and by degree of exposure to the mother.

But whatever the state of knowledge, it does not matter which stronger view is held. Take a mother away from her babies? Inhumane, some say. Leave the young children in a poverty environment which is stunting their growth? A foolish decision, others say, when quality child care centers could be the best means of catapulting them out of the poverty cycle. And still others look upon these mothers as having the best chances for succeeding in training and employment because of their youth and relatively better educations.

The conclusion of the Administration was to leave the choice of employment and training of mothers with preschool children entirely to the mothers. The training will be made available, and child care will be provided to the mothers. Based on experience with the present Work Incentive Program, we can expect large numbers of them to volunteer.

*Mothers in families with an adult male subject to the work requirement.* Here, the decision was fairly easy. We should expect the father to work, but there was no reason to require *both* parents to go to work when there were children to care for. The advantage of an intact family is that the economic needs of the family can be met by the husband, and the care of children can be provided by the mother. The whole family has been a successful institution throughout the world. No reason for the Family Assistance Act to try to improve on it. The mothers in these families were thus exempted from work registration.

*Women who head families with only school-age children.* Here a consistent pattern emerges in labor force behavior that permits a judgment to be made about whether such women should be included in the work requirement. Further, the situation of the children is quite different in that they spend most of their day in school, and a fairly short period of time exists between leaving school in the afternoon and the typical quitting time at work.

Women who have school-age children and do not have husbands present have the highest labor force participation rate of any group of women.

In fact, almost 7 out of 10 female heads of family with school-age children were in the labor force. If statistics were available that permitted us to subtract out those not working because of illness or physical incapacity, the labor force participation rate would be even higher.

A July 1972 Bureau of Labor Statistics release shows that nearly 6 million women workers who were widowed, divorced, or separated from their husbands—particularly the women who were raising children—were working for compelling economic reasons. In addition, the 4.2 million married women workers whose husbands earned less than $5,000 in 1970 certainly worked because of economic need. Finally

about 3.2 million women would be added if we take into account those women whose husbands had incomes between $5,000 and $7,000—most of these husbands had incomes below the $6,960 established by BLS for a low standard of living for an urban family of four.

This totals 13.4 million women at work in response to severe economic pressures. Why should they work and have a *law* which exempts women in similar circumstances on welfare?

This is the group that will be watching what the Nation does to balance rights and responsibilities in reforming the welfare system. They will view it as a matter of basic equity, and expect these mothers to accept employment when it is available. The impact of registration on the adult welfare population is shown below.

**Relationship to Work Incentives**

While there is a *work requirement*, there are also work incentives. Their relationship to the work requirement may not have been given much thought. Under Family Assistance, a person who goes to work can keep the first $60 of earnings each month with *no* reduction in assistance payments. Our studies of the "cost of work" introduced this concept. According to BLS estimates, a person must spend $15 a week just to go to work. So a person is losing money until he earns his first $60, and work incentives would be harmed. These costs were calculated in 1969 and require updating for inflation and other changes. A very rough estimate would place the weekly cost at $20.

After the first $60 of monthly earnings, a person can keep 50¢ of each additional dollar earned. Thus, it makes good economic sense to go to work for, as the economist puts it, there is no longer a "100 percent" tax on earnings.[1] This incentive could be strengthened by eliminating social security taxes.

The Family Assistance Work Population

| | (millions of persons) |
|---|---|
| Adults in Family Assistance Families | 9.0 |
| Not required to register: | |
| Wives of family heads | —3.1 |
| Female family heads with children under 6 | — .9 |
| Family heads who are ill, aged, or disabled | —1.2 |
| Family heads already working full time | —1.8 |
| Other adults (19-21 year-old students, aged or incapacitated, or needed in home to care for ill family member) | — .9 |
| Total Required to Register | 1.1 |

Like the rest of American consumers, the poor have wants that can only be met by money, and they will work to get that money as other Americans. In fact, we have seen no evidence to suggest that the poor or the welfare recipient differ at all from other citizens in attitudes towards work. Recently completed studies of the negative income tax in New Jersey have confirmed this fact.

The financial incentive is not the only inducement to work under Family Assistance. The provision of child care facilities makes work or training possible to mothers who have previously been denied the opportunity to become self-supporting. Adequate, available child care is a condition precedent to accepting employment, not an afterthought.

The availability of child care arrangements for the poor is critical. Many women now on welfare do not work simply for this reason. While a start has been made, public child care facilities are not available to the vast majority of such women. Women with much higher earning potential can pay for private care, but this is impossible on the kind of wages paid an untrained welfare mother.

Many do go to work. And on their low wages it is frequently the case that totally inadequate arrangements are made for someone to "watch" the children. The quality of the child care is as important a consideration as the quantity. Quality child care is expensive, but it should be borne in mind that it represents an investment in two generations.

It frees the present generation of

mothers to work or take training. In itself, quality child care can be an incentive to work, as mothers recognize the advantage it brings to their children. For the next generation, attention to child development now holds promise of breaking the poverty cycle.

The third strong inducement is the availability of the opportunity to train for a good job. In some cases the failure to work is likely due to the very limited opportunity to work among people with so little past work experience and limited educations. Efforts are made in our training programs to prepare people for jobs with adequate pay, always recognizing, of course, that we can only train for the jobs which exist.

The early returns from the WIN program are encouraging from this standpoint. In six states surveyed, the earnings of WIN graduates averaged $2.27 per hour, ranging from $2.08 in Pennsylvania to $2.41 in Illinois.

**Conclusion**

With such incentives to work built into welfare reform, and with past experience demonstrating the great desire to take training and enter employment, it is not likely that compulsion will be necessary in very many instances. Some have argued from this same set of facts and conclusions that the work requirement is, therefore, unnecessary in view of the likelihood that most will work without it. The point is that the work requirement exists only for those who need to be prodded.

The work requirement is there to assure that the few who might not choose to work are dealt with in a manner that forces them to meet

their responsibilities to their families and the American taxpayer.

At the same time that the work requirement demands that the individual meet his responsibility for his own economic needs to the extent that he can, it protects him from unreasonable demands. Present law requires a person to accept employment in which he is "able to engage." The Family Assistance Act adds the requirement that the employment also be "suitable." "Suitability" of employment has come to have a very precise meaning in the unemployment insurance. It will have to be applied on a case by case basis. As in the case of unemployment insurance, its precise meaning in any given situation will evolve over time.

We would not contend that the answer to the question of "why have a work requirement" is a simple one. If it were simple, it would not have taken so many words to explain. Once the welfare system is transformed into a broader income maintenance program which includes those who normally meet their economic needs through employment, as well as those who do not—as was originally the case when the welfare program was first legislated—the question of a work requirement had to be faced.

If those who oppose any work requirement in such an income maintenance system think they are protecting the poor, they are dead wrong. As a former political executive, I say—with the strongest possible conviction—that we cannot achieve the broad structural reform, represented by the Family Assistance Act, without assurance that others will be expected to work when they can, just as they do for most of the days of their adult lives.

---

Mr. Rosow is Manager, Public Affairs Department, Exxon Corporation. The paper was presented in Cincinnati at the National Conference on Social Welfare.

Note

1) This is an over simplification since the tax rate will be higher where a State supplement exists, and there are other taxes that have an impact on work incentives. The situation, by whatever reckoning, will have been greatly improved, however, building from the 1967 amendments, over the work incentive situation in the long history of AFDC.

# Publications and Films

The Editors of the SOCIAL AND REHABILITATION RECORD regularly receive notification of the release of new publications and films of interest to readers.

Each issue of the RECORD will carry a selected list of these publications and films with brief descriptions of their contents.

Please address all inquiries and requests to the addresses given in this listing.



**Behavioral and Social Science Teacher.** Harwood Fisher, editor. Behavioral Publications, 72 Fifth Ave., New York, N.Y. 10011. Subscription rate: $5 a year for individuals. $10 a year for institutions.

The publication of a new biannual journal, designed for teachers of sociology, anthropology, and psychology at the high school or community college level, opens a forum of criticism and innovation. The journal seeks to develop teaching strategies, research, and theories as a means of enriching and stimulating the behavioral science field.

The first issue includes such articles as "High School Psychology: Stepchild or Offspring?" "Social Roles, Role-playing, and Education: On the High Schools as Prison" and "Behavioral Science: A Curriculum Team Approach." Additional columns feature new publications, audio-visual resources, and curriculum ideas.

**Black Task Force Report.** E. Aracelis Francis, editor. Council on Social Work Education, 345 E. 46th St., New York, N.Y. 10017. 19 pages. $1 (paperback)

The subtitle of this booklet tells of its content: Suggested guides for the integration of black content into the social work curriculum.

This report is the product of one of five ethnic minority task forces whose purpose was to identify key problems and concerns related to social work education, to consider priorities of work, and to suggest ways in which programs of social work education and the Council on Social Work Education could best deal with these issues.

The report examines such areas as the need to train social workers for the black community, the purpose of minority courses, and racism on black Americans.

**Mental Retardation: Rehabilitation and Counseling.** Philip L. Browning, Ph.D., editor. Charles C Thomas, 301-327 E. Lawrence Ave., Springfield, Ill. 62703. 447 pages. $15.75.

The papers in this volume draw together the perspectives and efforts of research and training specialists with the need of practitionners for updated behavioral and programmatic data in the field of mental retardation. Considering first general definitions of mental retardation, the book then examines the State-Federal impact of rehabilitation of the mentally retarded, prevocational considerations, work-study programs, behavioral approaches to vocational programing, psychology of work adjustment, rehabilitation and behavioral counseling, psychotherapy techniques, and outcome studies on counseling for the retarded.

Also designed for the student and researcher, this book includes extensive references for further reading, films, and rehabilitation research and demonstration projects concerned with mental retardation.

**Through The Rain and Rainbow.** Lyle M. Crist. Abingdon Press, 201 Eighth Ave., S., Nashville, Tenn. 37202. 224 pages. $5.95

Subtitled "The Remarkable Life of Richard Kinney," this is a story of an interesting man who happens to be deaf and blind.

The author tells how Richard Kinney spent his childhood and teenage years adjusting to and overcoming his handicaps. With the aid and counsel of Helen Keller and other leaders in work with the blind and deaf-blind, he graduated summa cum laude from Mount Union College in Alliance, Ohio, to become only the third person in history to earn a degree while deprived of sight and hearing.

He is a lecturer of worldwide reputation, poet, and educator who is also Executive Director of The Hadley School For The Blind in Winnetka, Ill., the only correspondence school for the blind in the world.

**Group Homes for Children and Youth.** Paul A. Guerard, editor. Federation of Protestant Welfare Agencies, Inc., 281 Park Ave., S., New York, N.Y. 10010. 52 pages. $2.

*Group Homes for Children and Youth* discusses current issues vital to their development and programing. The material developed should prove helpful to child welfare agencies and others interested in the field of group home care.

As the report of a conference, the monograph reproduces the deliberations of seven workshops that dealt with such aspects of group homes as their establishment, financing, and staffing. Also, the workshops looked into group home sponsorship and their relationships with the community.

**Eleventh Annual Distinguished Lecture Series in Special Education and Rehabilitation.** Barbara C. Ring, Ph.D., and Donald R. Schrader, Ph.D., editors. University of Southern California, Los Angeles 90007. Order from USC bookstore. 1001 pages. $3.

Each summer, the University of Southern California School of Education presents a Distinguished Lecture Series in Special Education and Rehabilitation, which provides professional and lay communities the opportunity to hear presentations on issues of significance in special education and rehabilitation.

In the topics covered, the guest participants at the 11th Annual Lecture Series explored the relationship of past activities to current developments. Dr. Reginald L. Jones, Professor of Education at the University of California at Riverside, spoke as an advocate of the child—so often the last consulted, though the one most affected by the decisions made about "special" education and Dr. Harry J. Baker, Retired Director, School of Psychological Services, gave a critical analysis on "Famous Persons Who Have Been Handicapped."

This SRS supported series was co-sponsored by the University of California Rehabilitation Research and Training Center.

**Sexual Adjustment: A Guide for the Spinal Cord Injured.** Martha Ferguson Gregory. Accent Special Publications, Accent on Living, Inc., P.O. Box 726, Bloomington, Ill. 61701. 73 pages. $4.95.

An important concern for a handicapped person's emotional and social recovery is the area of sexual adjustment. The physical and psychological aspects of impaired sexual functioning in paraplegics are closely considered in this guide for physicians or rehabilitation counselors who work towards personal adjustment for clients with physical disabilities.

While the emphasis is on sexual problems of the spinal cord injured, this publication includes general information about paraplegia and offers guidelines concerning marital and family counseling. It further seeks to correct misinformation and to supplement the "few studies which seem to indicate that a majority of paraplegics are able to adapt to their loss of function and to have relatively satisfactory sexual relations with a partner."

The following Public Affairs pamphlets are available for 35 cents each from the Public Affairs Committee, 381 Park Avenue South, New York, N.Y. 10016. (Inquire about special rates for bulk orders.)

**Light On Your Feet.** No. 345A. Jules Saltman. 24 pages.

Information concerning child and adult foot problems, treatment, exercise, and sensible care is contained in this guide to happier feet.

**What Can We Do About Limited Vision?** No. 491. Irving R. Dickman. 28 pages.

Discussed in this publication are ways in which persons with limited vision can be helped through aids and rehabilitation services. Causes, treatment, and the need for early preventive screening of impaired sight, as applied to all ages, are also considered here.

**Helping the Handicapped Teenager Mature.** No. 504. Evelyn West Ayrault. 28 pages.

Recognizing that the handicapped teenager may undergo particular emotional problems as he or she matures, the author discusses the young person's self-view, family relationships, expectations, and thoughts of rejection and death. Parents, teenagers, and counselors may find this pamphlet useful for its guidance regarding sex education, school, employment, and counseling services.

**When People Need Help.** No. 493. Maxwell S. Stewart. 24 pages.

The challenge of social welfare in contemporary America is examined in this pamphlet in terms of historical attitudes and policies, the development of urban society, the role of public and volunteer agencies, welfare costs, revenue sharing, shortcomings of existing programs, and plans for the future.

**Can We Conquer Cancer?** No. 496. Clifton R. Read. 28 pages.

A view of recent progress in the prevention, diagnosis, and treatment of major forms of cancer, the continuing battle against inadequate screening and public ignorance, and the developments in research are described in this general survey of cancer and the vital search for its cure.

**You and Your Alcoholic Parent.** No. 506. Edith Lynn Hornick. 28 pages.

Condensed from the author's book of the same title, this publication answers questions raised by teenagers concerning their alcoholic parents. Guidelines are offered in order for the child to understand responsibility to his parent and to himself. Advice is also directed towards identification of the illness, unkept promises, unfair criticism, the parent's job situation, the nonalcoholic parent, school, goals, friends, dating, counseling, Alcoholics Anonymous, and the alcoholic's recovery.

**La Esclerosis Múltiple: Esperanzas Para Su Curación.** No. SPAN 335A. Fulvio Bardossi. 24 pages.

A spanish edition of **Multiple Sclerosis: Grounds For Hope**, this pamphlet considers the causes, symptoms, and effects of the disease in addition to examining the research prospects for prevention and cure.

**El Abuso De Las Drogas—¿Que Podemos Hacer?** No. SPAN 390A. Jules Saltman. 28 pages.

Described in this Spanish version of **Drug Abuse—What Can Be Done?** are major forms of drug abuse, national and international efforts to control drug traffic, and developments in addict treatment and rehabilitation.

## Films

**A Dream To Grow On.** 16mm. Color. 28 min. Bone Film Service, 3132 M St., N.W., Washington, D.C.

More than a documentary, this film covers the participation of over 1,000 mentally retarded children in the 1968 Special Olympics first held in Chicago. The young people are shown here competing in the following events: 50- and 300-yard dashes, high jump, standing broad jump, softball throw, gymnastics, trampoline, floor hockey, swimming, basketball, and football. The efforts, successes, and excitement of the participants demonstrate the effectiveness of understanding, training, and support in helping mentally retarded children to fulfill their potential growth.

A narration by former Olympic decathlon champion Rafer Johnson further emphasizes the importance and scope of this growing experience in physical, mental, and emotional terms as it benefits young athletes anywhere, whether or not they are mentally retarded.

**Aids for Teaching the Mentally Retarded.** 16mm. Color. 38 1/2 min. Thorne Films, Inc., 1229 University Ave., Boulder, Colo. (Available as one film or five separate ones)

Demonstration of a functional teaching approach to helping trainable mentally retarded persons is presented in this training film. Activities emphasize gradual instruction, transition from one activity to another, and initial concrete object-orientation from which abstraction may follow. The teaching program involves simple mechanical aids, which may be made by mentally retarded participants in sheltered workshops, as a means of developing motor, sensory-perceptual, and integrated motor-perceptual skills.

**And So They Move.** 16mm. Black and white. 19 min. Audio-visual Center, Michigan State University, East Lansing, Mich. 48824.

The benefits of movement to mind and body, for children who are physically handicapped, are prescribed in this film. The program demonstrated here involves boxes, blocks, hoops, benches, ropes, innovative indoor obstacle courses, and creative use of conventional playground equipment. In general, the film reveals a sense of movement as it develops a sense of personal awareness: this in turn leads to greater self-confidence and creativity.

The specific rationale, approach, and activities illustrated in the film may also be applicable to older persons and to those who are mentally retarded.

**Yo Soy Chicano.** 16mm. Color. 59 min. Indiana University Audio-Visual Center, Bloomington, Ind. 47401. Sale, $550. Rental, $20.50.

The Chicano experience, from its roots in Pre-Columbian history to the present, is dramatically portrayed by actors who recreate key events through interviews with Chicano leaders. Solutions to the Mexican-American's oppression are discussed in interviews with Delores Huerta (United Farmworkers), Reies Lopez Tijerina (Federal Alliance of Free States), Rodolfo Gonzalez (Crusade for Justice), and Jose Angel Gutierrez (La Raza Unida).

# Career Opportunities



**SOCIAL SERVICE ADMINISTRATOR III.** (continuous recruitment) Master's degree in social work and 4 yrs. of responsible experience in public or private social work, including 2 yrs. of supervision or administration; or master's degree in a social or behavioral science and 5 yrs. of experience; or bachelor's degree in a social or behavioral science and 6 yrs. of experience; or an equivalent combination of training and experience. $12,726–17,766. Write: State Personnel Office, 1228 N. Scott St., Wilmington, Del. 19806.

**SOCIAL SERVICE ADMINISTRATOR II.** (continuous recruitment) Master's degree in social work and 3 yrs. of responsible experience in public or private social work, including supervision or administration, or master's degree in a social or behavioral science and 4 yrs. of experience, or a bachelor's degree in a social or behavioral science and 5 yrs. of experience. $11,466–16,128. Write: State Personnel Office, 1228 N. Scott St., Wilmington, Del. 19806.

**SOCIAL WORKER III.** (continuous recruitment) Master's degree in social work and 1 yr. of social work experience; or master's degree in a social or behavioral science or closely related field and 2 yrs. of social work experience; or bachelor's degree in social work, a social or behavioral science and 3 yrs. of social work experience; or associate degree in a social or behavioral science or closely related field and 5 yrs. of social work experience; successful completion of college study in a related field may be substituted on a year-for-year basis for the required experience. $9,437–13,356. Write: State Personnel Office, Townsend Building, Dover, Del. 19901.

**VOLUNTEER SERVICES COORDINATOR I.** (continuous recruitment) HS graduate and 3 yrs. of responsible experience working with community organizations, recreation, education, personnel or related fields; or an equivalent combination of training and experience. $6,347–8,501. Write: State Personnel Office, Townsend Building, Dover, Del. 19901.

**RESIDENTIAL FACILITIES COORDINATOR.** (continuous recruitment) Master's degree in a social or behavioral science or closely related field and 1 yr. of supervisory administrative experience in drug control; or bachelor's degree in a social or behavioral science or closely related field and 2 yrs. of supervisory administrative experience, including 1 yr. in drug control; or bachelor's degree in social or behavioral science or closely related field and 2 yrs. of supervisory administrative experience, including 1 yr. in drug control; or an equivalent combination of training and experience. $11,466–16,128. Write: State Personnel Office, Townsend Building, Dover, Del. 19901.

**RESEARCH ASSOCIATE I.** Master's degree in economics, political science or related field, with training in statistics and experience in the use of computers for statistical analysis. Experience in policy analysis and knowledge of federal programs are desirable. $11,000–13,000. Write: Illinois Commission on Intergovernmental Cooperation, 217 S. First St., Springfield, Ill. 62706.

---

*Mail your agency's classified listings to Editor, SOCIAL AND REHABILITATION RECORD, DHEW-SRS, Washington, D.C. 20201. Applicants should apply directly to the hiring agency, NOT this magazine. No "situation wanted" or non-governmental listings accepted. There is no charge or fee of any kind for this service.*

---

**INSTRUCTOR FOR RECREATIONAL SUPERVISION TECHNOLOGY.** Bachelor's degree with a minimum of 3 yrs. recent and successful experience in the recreational field. Teaching experience desirable. Or, extensive experience or exceptional educational qualifications will be accepted subject to approval of Texas Education Agency. Write: E. R. Billings, General Manager for Instruction, James Connally Campus, Texas State Technical Institute, Waco, Tex. 76705.

**REPRODUCTION EQUIPMENT OPERATION, PRINT SHOP OPERATIONS.** HS graduate or equivalent. Typing 50 words per min. Ability to deal with fellow staff members under stress of deadlines. Operate Compugraphic Phototypesetter 4961TL and Compugraphic CG 7200 Headliner. Do layout, paste-up and stripping for lithography, with some process camera. Filing of negatives, flats, and plates. Two years experience desired. Write: E. R. Billings, General Manager for Instruction, James Connally Campus, Texas State Technical Institute, Waco, Tex. 76705.

**ALCOHOLISM COUNSELOR II.** BA or BS degree. Or, full-time employment in social work, teaching, counseling or other responsible work involving personal contact, may be substituted for the college training on a year-for-year basis. And 2 yrs. full-time professional employment, one of which must have been in an alcoholism program and the other in counseling, social work, teaching, or other responsible work involving personal contact with the public in a problemsolving capacity. Write: Director, West Virginia Civil Service System, 1900 Washington St. E., Charleston, W.Va. 23511.

**ALCOHOLISM PROGRAM ANALYST I.** (continuous recruitment) Master's degree in public health statistics, sociology or clinical psychology. Or, 4 yrs. of full-time professional employment as a research analyst or in program research and evaluation in a related field may be substituted for the master's degree. Apply: Director, West Virginia Civil Service System, 1900 Washington St. E., Charleston, W.Va. 23511.

**ALCOHOLISM THERAPIST I.** (continuous recruitment) Master's degree with a major in psychiatric social work or psychology. Or, master's degree in guidance and counseling or vocational rehabilitation from an accredited college or university and 1 yr. experience in counseling after completion of the master's degree. Write: Director, West Virginia Civil Service System, 1900 Washington St. E., Charleston, W.Va. 23511.

**COMPUTER PROGRAMER II.** (continuous recruitment) HS graduate or equivalent, and 3 yrs. of full-time experience in computer programing, one of which must have included the programing of complex run specifications. Or, additional formal academic training may be substituted for a maximum of 24 mos. of experience at the rate of 1 yr. of college training for 6 mos. experience. Write: Director, West Virginia Civil Service System, 1900 Washington St. E., Charleston, W.Va. 23511.

# She is not alone...

During fiscal year 1973, the number of disabled persons receiving rehabilitation services totaled 1,176,445, and of that number 360,726 persons were rehabilitated.

Only 20 percent of the disabled persons had paying jobs when they began receiving services. After rehabilitation, about 80 percent had paying jobs, and the others are occupied productively as homemakers or unpaid family workers.

DEPARTMENT OF
HEALTH, EDUCATION,
AND WELFARE
Washington, D.C. 20201

Official Business

Postage and Fees Paid
U.S. DEPARTMENT OF H.E.W.
HEW-392

**FIRST CLASS**

## Keep Up With the Field

Make sure you obtain your copy of the Social and Rehabilitation Record. Fill out a subscription form or pass this along to a colleague.

---

## Subscription form for The Social and Rehabilitation Record

Subscription Rate:
$6.40 a year
($8.00 foreign)
Single copy .85¢

NAME—FIRST, LAST

ORGANIZATION

ADDRESS

CITY | STATE | ZIP CODE | REG.

Send check, payable to SUPERINTENDENT OF DOCUMENTS
to the U.S. Government Printing Office, Washington, D.C. 20402

Social and Rehabilitation Service UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Volume 1/Number 9/October 1974

Social and Rehabilitation Service UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Volume 1/Number 9/October 1974